



## CITY OF DANBURY

## 155 DEER HILL AVENUE DANBURY, CONNECTICUT 06810

PAUL D. ESTEFAN DIRECTOR CIVIL PREPAREDNESS (203) 797-4630

TO:

· Mayor Mark D. Boughton

Honorable Members of the City Council

FROM:

Paul D. Estefan, Director of Emergency Management

DATE:

December 21, 2015

SUBJECT:

**EMPG Performance Grant** 

Please find attached the Emergency Management Performance Grant Application for the period 10/1/15 to 9/30/16. Please also find attached a Resolution stating the maximum award of this funding will not exceed \$50,000. This grant reimburses the City for the Director and the Executive Secretary performance during this period.

Singerely,

Paul D. Estefan

**Director of Emergency Management** 



SECTION B. EMPG APPLICATION INFORMATION AND	D DATA SHEET					
Additional copies of this kit are available on our website at <a href="http://www.ct.gov/demhs/cwp/view.asp?a=1910&amp;q=411692">http://www.ct.gov/demhs/cwp/view.asp?a=1910&amp;q=411692</a> .						
Mail Completed Applications To: DEMHS Regional Coordinator (See Section A of this application for coinformation)	SPCP Unit Use Only					
1. Name of Municipality or Agency Applying for Subgrant:	2. Period of Award for this Subgrant:					
City of Danbury	10/1/15 – 9/30/16					
3. Emergency Management Director Name & Address	4. Official Authorized to Sign for the Applicant:					
Name: Paul D Estefan Title: Director	Name: Mark D Boughton Title: Mayor					
Organization: Dept of Emergency Management	Organization: Office of the Mayor					
Address Line 1: 155 Deer Hill Avenue	Address Line 1: 155 Deer Hill Avenue					
Address Line 2:	Address Line 2:					
City/State/Zip: Danbury, Ct. 06810	City/State/Zip: Danbury, Ct. 06810					
Phone: 203-797-4630 Fax: 203-796-1569	Phone:203-797-4510 Fax: 203-796-1666					
E-mail: p.estefan@danbury-ct.gov	E-mail: m.boughton@danbury-ct.gov					
5. Municipal/Agency Financial Officer	6. Fiscal Point of Contact: (If Different than Financial					
Name: David St. Hilaire Title: Director	Officer)					
Organization: Dept. of Finance	Name: Title:					
Address Line 1: 155 Deer Hill Avenue	Organization:					
Address Line 2:	Address Line 1:					
City/State/Zip: Danbury, Ct. 06810	Address Line 2:					
Phone: 203-797-4652 Fax: 203-796-1526	City/State/Zip:					
E-mail:	Phone: Fax:					
	E-mail:					
7. Applicant FEIN: 06-6001868	8. Applicant DUNS #: 072123250					
9. Applicant Fiscal Year End: June 30	10. Date of Last Audit: June 30, 2015					
<b>11. Dates Covered by Last Audit:</b> 07/01/14 to 06/30/15	12. Date of Next Audit: June 30, 2016					
13. Dates to be Covered by Next Audit: 07/01/15 to 06/30/15						
Please note that the information required for boxes 9						
FEDERAL AUDIT AND DEBARMENT REQUIREMENT CERTIFICATION  14. ACKNOWLEDGEMENT OF FEDERAL SINGLE AUDIT SELF REPORTING REQUIREMENTS						
<ul> <li>Sub-grantees that are required to undergo a Federal Single Audit as mandated by OMB Circular A-133 must alert CT DEMHS, in</li> </ul>						
writing, to any specific findings and/or deficiencies with regard to the use of federal grant funds within 45 days of receipt of their audit report. This notification must identify the finding(s) / deficiencies and a corrective action plan for each.						
<ul> <li>All sub-grantees must submit to CT DEMHS a copy of the audit report section pertaining to use of federal grant funds regardless of</li> </ul>						
any findings or deficiencies, within 45 days of the receipt of that report.  Initial to indicate that this requirement has been read and understood:						
Initial to indicate that this requirement has been read and understood:  15.AKNOWLEDGEMENT OF DEBARMENT REQUIREMENTS:						
• The sub-grantee will confirm the eligibility status (via Sam.gov) of all vendors/contractors that the sub-grantee pays with EMPG SLA funds. The subgrantee will confirm that the vendors/contractors do not appear on the SAM's Exclusion List of federally debarred or suspended vendors.						
Initial to indicate that this requirement has been read and understo	od: INITIAL					
16. I, the undersigned, for and on behalf of the named municipality, state agency, or regional planning organization, do herewith apply for this subgrant, attest that, to the best of my knowledge, the statements made herein are true, and agree to any general or special grant conditions attached to this grant application form.  SIGN & DATE						
to any general or special grant conditions attached to this gra	int application form.					

## RESOLUTION



CITY	OF	DANBURY,	STATE	OF	CONNECTI	CUT
				A.D	. 2016	

**RESOLVED** BY THE CITY COUNCIL OF THE CITY OF DANBURY

**WHEREAS**, the Federal "Emergency Management Performance Grant" (EMPG) program is again being offered to the City of Danbury through the State Department of Emergency Services and Public Protection (DESPP) Division of Emergency Management and Homeland Security (DEMHS); and

**WHEREAS**, this funding is offered through the State and Local Assistance Program and assists municipalities in emergency management activities including staffing and Emergency Operations Centers (EOC); and

**WHEREAS**, the maximum award of this funding will not exceed \$50,000.00 and requires an equal cash or in-kind match that will be met through general operations of the emergency management team and facilities for the performance period of 10/1/15-9/30/16.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mayor Mark D. Boughton, or his designee, Paul D. Estefan, Director of Civil Preparedness, is hereby authorized to apply for and accept said funding and is authorized to sign any contracts/documents in connection therewith to effectuate the purposes of said grant.